

LANGPORT
RURAL DISTRICT COUNCIL.

REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR ENDING 31ST DECEMBER, 1905.

LANGPORT: G. H. HEMMEL, THE HERALD PRESS.

TO THE CHAIRMAN AND MEMBERS

OF THE

Langport

Rural District Council.

GENTLEMEN,—

I have the honour to present my Report on the sanitary condition of your District, on the incidence of disease, and on the causes of the deaths which occurred in that District during the year 1905.

Appended are the Report of the Inspector of Nuisances, and the Tables supplied by the Local Government Board and Home Office. It is impossible for me to estimate the population of each Sub-district, so column 1 of Table II. has been left blank, as it was in 1903 and 1904.

In the last annual Report it was stated that I hoped this year to be in a position to expose fully the various defects existing in the several dairies ; it was my intention to learn more about the workshops in the District.

The unfortunate outbreak of small-pox kept me fully occupied during the months in which it is possible to do such work thoroughly, for which reason I cannot yet report on these subjects properly. Should the present prove to be a normal year—a year in which epidemic disease is not excessive—I shall in my next annual report give you a full account of the conditions existing in the dairies, and as complete a description of the workshops as is possible.

Agriculture is the staple industry of the District, much of the land being “ under grass.” Some of the low-lying ground has been converted into withy beds. The stripping of withies, that is the removal of the bark, gives employment, for a part of the year, to the women, children, and old men of many families living near such beds. There are several workshops in the districts where the willow sticks are woven into baskets, chairs, etc.

There is a shirt and collar factory in Somerton employing many hands, mostly women and girls, and a small factory producing similar articles at Barrington. An old-established tannery exists in Huih Episcopi.

VITAL STATISTICS.

The population of the whole District is estimated to have been 13,925 on the 30th of June, when 800 men were working on the new railway between Langport and Babcary. Under the circumstances it

is not possible to estimate the population accurately. I have done my best to get near the actual number by using such information as was acquirable.

The Langport and Curry Rivel Registration Sub-districts were amalgamated in December, 1905. When next reporting on the District it will be divided into two, instead of three, Sub-districts, unless the Council expressly desires me to retain the old divisions. I would point out that were this required much extra work would be laid on me when my reports were being prepared.

THE NUMBER OF BIRTHS REGISTERED IN 1905.

The children born alive were 349 in number, 182 being boys and 167 girls.

The number registered in each Sub-district was :—

Langport Sub-district	67
Somerton „	„	199
Curry Rivel „	„	83

Whole District	349
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In 1904 there were 332 births ; in 1903, 349—exactly the same number as in 1905. The average number registered in the ten years preceding 1905 (1895-1904) was 339·7 per annum.

THE BIRTH RATE was 25·06 per 1,000 of the estimated population. In 1904 this rate was 24·13 ; in 1903 it was 25·78. The average for the ten years 1895-1904 was 24·77. Taking into account the facts that many of the navvies were unmarried, and that a large proportion of those who had families in the district left the neighbourhood soon after the middle of the year, the figures must be somewhat encouraging to those who, like myself, view with dismay the decreasing Birth Rate, considering it a sign of national decadence.

THE NUMBER OF DEATHS REGISTERED IN 1905, AT ALL AGES AND FROM ALL CAUSES was in the whole District, and in its three divisions :—

Langport Sub-district	52
Somerton „	„	118
Curry Rivel „	„	50

Whole District	220
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One of these deaths was that of a non-resident, who spent his last few hours in the Small-pox Hospital. I am not aware that any resident died in an institution beyond the District.

Unless one sends away a patient who dies in a hospital, or casually hears of such a case, one is totally ignorant of any deaths of residents occurring outside the District. The registration regulations require reform in this respect. The death of anyone outside the boundaries of the District to which that person belonged should be

notified to the Superintendent Registrar, and to the Medical Officer of Health, of the District in which the deceased was previously residing.

THE GENERAL DEATH RATE.—All the deaths from every cause, and at any age being included, the Rate was 15·79 per 1,000 of the estimated population. The deaths of residents gives a Rate of 15·72.

In 1904 the rate was 16·98; in 1903, 14·84; in 1902, 14·9; in 1901, 15·43.

During the ten years preceding 1905 the average rate was 15·89 per 1,000.

Twenty persons died in Public Institutions, eighteen in the Workhouse, and two in the Small-pox Camp. One of the two last mentioned died from Small-pox (he was a tramp brought to the camp from the Wincanton District); the other, aged 89, died from the sudden failure of a very feeble heart. This man had previously been an inmate of the Workhouse.

The Birth Rate and the General Death Rate are apparently more satisfactory than in 1904 but, the actual population being doubtful, these rates must be regarded as more or less conjectural.

In 1905 the number of Births exceeded the number of Deaths by 129; in 1904 the excess was 99; in 1903 it was 103. The average excess of Births during the years 1895-1904 was nearly 121 per annum.

Unfortunately, the excess of Births over Deaths is but one of the factors to be considered when the population of the District is being estimated; the difficult question of migration has to be faced. The average loss by migration in each year between 1891 and 1901 was nearly 231. With the reduced population, the probable average loss was calculated to be about 213 per annum between 1901 and 1911. The employment obtainable on the new railway has entirely upset my carefully worked-out figures; the immigration has greatly increased and the emigration decreased. The uncertainty of the Birth Rate, and of the General and Zymotic Death Rates, which depend upon the estimated population, makes it impossible to compare accurately the rates for one year with those of another. However, the difference between the General and the Zymotic Death Rate in various years is comparable, although the population may be incorrectly estimated, as is the difference between the number of Births and number of Deaths.

THE NUMBER OF DEATHS OF INFANTS under One year in 1905 was 29, being one less than in 1904. The average for the ten years 1895-1904 was 34·2 per annum.

THE INFANTILE DEATH RATE.—This Rate is not dependent on the population. There were 349 children born; 29 of them died before they were twelve months old, the Death Rate being 83·09 per 1,000 Births registered. In 1904 the rate was 90·36. The

average for the ten years 1895-1904 was 100·97. In 1901 the rate was only 71·42; in the other nine years it was above 85.

THE NUMBER OF DEATHS FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES WAS 17. SMALL-POX CAUSED ONE DEATH, MEASLES AND WHOOPING COUGH EACH CAUSED ONE.

DIPHTHERIA CAUSED 15 DEATHS. THERE WAS NO DEATH FROM SCARLET FEVER, "FEVER," OR DIARRHŒA. THE DEATH FROM SMALL-POX WAS THAT OF A NON-RESIDENT.

THE ZYMOTIC DEATH RATE was 1·29, the rate among residents being 1·22 per 1,000 of the population. In 1904 it was ·58; in 1903, ·73; in 1902, ·74; in 1901, ·59.

The rate for 1905 is extremely unsatisfactory as compared with those for former years and is due to the large number of deaths from Diphtheria. Later in the report more is said about this matter.

CASES OF INFECTIOUS DISEASE NOTIFIED.

SMALL-POX.

	1905.	1904-1901.
Langport Sub-district	2	—
Somerton " "	60	—
Curry Rivel " "	0	—
	—	—
Whole District	62	0

DIPHTHERIA.

	1905.	1904.	1903.	1902.	1901..
Langport Sub-district	1	1	—	5	1
Somerton " "	74	27	1	—	—
Curry Rivel " "	6	—	6	4	2
	—	—	—	—	—
Whole District	81	23	7	9	3

ERYSIPELAS.

	1905.	1904.	1903.	1902.	1901.
Langport Sub-district	1	1	—	1	1
Somerton " "	4	2	2	1	1
Curry Rivel " "	1	6	1	2	—
	—	—	—	—	—
Whole District	6	9	3	4	2

SCARLET FEVER.

	1905.	1904.	1903.	1902.	1901.
Langport Sub-district	17	—	3	1	10
Somerton " "	5	5	8	18	34
Curry Rivel " "	17	10	2	9	1
	—	—	—	—	—
Whole District	39	15	13	28	45

ENTERIC FEVER.

	1905.	1904.	1903.	1902.	1901.
Langport Sub-district	—	—	—	—	1
Somerton " "	—	3	—	—	3
Curry Rivel " "	1	—	—	5	2
	—	—	—	—	—
Whole District	1	3	0	5	6

	1905.	1904.	1903.	1902.	1901.
PUERPERAL FEVER.					
Langport Sub-district ...	—	—	1	—	1
Somerton „ „ ...	1	—	1	—	—
Curry Rivel „ „ ...	—	—	—	—	—
	—	—	—	—	—
Whole District ...	1	0	2	0	1

ALL NOTIFIABLE DISEASES.

	1905.	1904.	1903.	1902.	1901.
Langport Sub-district ...	21	2	4	7	14
Somerton „ „ ...	144	37	12	19	38
Curry Rivel „ „ ...	25	16	9	20	5
	—	—	—	—	—
Whole District ...	190	55	25	46	57

REMARKS ON THE INCIDENCE OF DISEASE AND CAUSES OF DEATH.

Apart from the regrettable outbreak of Small-pox, and the deplorable number of Diphtheria cases, the health of the District was satisfactory on the whole.

The deaths from Cancer, and from Phthisis, were less numerous than in 1904, but there were more deaths from Diseases of the Heart, and of the Respiratory Organs, than in the preceding year.

SMALL-POX.—Sixty-two cases of this Disease were discovered; the first cases on the 10th of May, the last on the 7th of July. The hospital camp was occupied from the 17th of May to the 12th of August. There was only one death from Small-pox—that of a non-resident—in the camp; a man, aged 89, who previously resided in the Workhouse, died from Heart Failure. I cannot confidently assert that Small-pox in no way accelerated his decease, but there was no reason for thinking that it injuriously affected him.

It is unnecessary to say much about this outbreak, my special report on the subject being in your hands, but, once more, I wish to point out the utility of vaccination. I believe that recent vaccination protects from Small-pox, that vaccination performed many years previous to infection modifies the Disease, and that vaccination soon after infection alters the character of the attack, Small-pox becoming a troublesome affection instead of being a dangerous Disease. The nonsense spoken and written by anti-vaccinationists absolutely disgusts those who have seen the Disease. Those who came to the hospital as anti-vaccinationists soon learned that the operation was of use.

In my report on the outbreak I did not state that every room occupied by a Small-pox patient, and every article used by such a person, had been thoroughly disinfected. The rooms were disinfected by formaldehyde spray, a process most objectionable to those living

in the house—one man said the “stuff” nearly killed his cat—but very effective, if rather expensive. Bedding and fabrics were disinfected by steam.

MEASLES.—This Disease not being one of those which must be notified, I am unable to state how many cases occurred in the District. I am aware that they were numerous and that the Disease was prevalent in many parishes. Fortunately, most of the children were affected in a warm, dry season, when complications are least likely to occur.

There was only one Death ; in 1904 there were four. It is probable that many children have been more or less disabled, as Measles frequently, in an insidious manner, injures the eyes and ears. The Respiratory Organs are often seriously affected, and even permanently damaged, by this Disease. I have recently seen three cases, previously unattended by a medical man, in which Measles was followed by a chronic cough, due doubtless to Laryngeal Catarrh. One child developed acute Laryngitis, another Bronchitis, and the third extensive Broncho-pneumonia.

In my opinion this Disease should be notifiable, not that it causes a large number of Deaths in the acute stage at the present time, but because the affections which may follow an attack of Measles are so numerous and so dangerous.

You have the power to place the Disease among those that are notifiable.

I suggest that you make it compulsory for every medical practitioner attending a child, under six years of age, suffering from Measles, to notify the case to me ; also in the event of professional aid not being considered necessary, that the householder, in whose family such a case may occur, be compelled to inform me of the fact.

At present I rarely hear of an outbreak of Measles until some school has lost about half the number of its scholars detained at home from illness.

Even now, when the Disease is very much less virulent, than it was twenty years ago Measles causes directly more Deaths in England than does Scarlet Fever, and probably permanently disables more persons.

SCARLET FEVER.—The number of cases notified in 1905 was 39. Five of these were in the Somerton, and 17 in each of the other Sub-districts. The Disease was of a very mild type and did not cause a Death. The symptoms in many of the patients were so slight that the parents did not call in a doctor, and doubtless many cases occurred which were undiscovered by me, although, having heard of one case in a village, I did my best to hunt up any other cases which might exist, often with marked success.

The worst outbreak was at Barrington—worst because so much shirt-sewing is done in that village—although the prevailing type was a very mild one. When the first case was notified I visited the place

and heard that two or three other families were supposed to be infected. I found a person suffering from Scarlet Fever in each of the families suspected. The school children were then examined, but only one child was found to have a suspicious eruption; however, information was obtained that enabled me to discover other cases. I inspected all the workers in the small shirt factory in the village; one of the girls was working whilst in the stage of desquamation. She was sent home at once; the factory was closed immediately and well disinfected; all goods then in this branch factory were boiled as soon as received at the chief factory, as were all other articles received from Barrington and Puckington for many weeks after the place appeared free from Disease.

Those outworkers in whose cottages the Disease was known to have appeared were forbidden to take more work until the family had been certified to be free from Scarlet Fever, and the house had been disinfected. I trust that the measures taken after the Disease was known to have shown itself were sufficient to prevent infection of other Districts, and hope that no harm had been done previously.

Most of the cases in the Langport Sub-district occurred in Mucleley.

Two children in Thorney suffered; the symptoms shown by the earlier of these two cases led me to enquire of the Muchelney school-mistress as to the number of absentees from school. I discovered that three families in Muchelney were infected; that for none of them had medical advice been sought, and that in each house it was thought the children had a cold which was "coming out on them."

There was one case of the Disease in Langport which possibly was contracted from Muchelney.

In the Somerton Sub-district three persons suffered in High Ham, one in Aller, and one in Barton St. David.

WHOOPIING COUGH.—One Death occurred in the Somerton Sub-district. Apparently the Disease was less common than in former years; but it is impossible for me to give any definite information on the subject.

DIPHTHERIA.—In 1905, there were 81 cases notified and 15 Deaths certified.

In 1904 the numbers were 28 and three respectively.

The "case mortality" was 18·5 per cent.; that is 18·5 persons of every hundred affected died. One Death took place in Curry Rivel, the other 14 in the Somerton Sub-district.

Of the 74 cases notified in the Somerton Sub-district, 40 were in, or near, Somerton; 17 in Babcary; eight in Aller; four in Keinton Mandeville; three in Compton Dundon; one in Long Sutton; and one in Knole.

In the Curry Rivel Sub-district four of the cases were in Curry Rivel—three in one house—and two in a house at Beercrocombe.

Dr. Copeman will publish in his report a table giving various details about the cases up to the end of September. The original copy of the table I sent him has unfortunately been mislaid, but after his report is issued I will prepare a short report on all the cases that occurred up to the end of 1905 should you desire more information on this subject.

It is impossible for me to give you here a full account of the epidemic without encroaching too much on your time, but I can at least mention a few of the more important facts with which you should be made acquainted.

The case in Langport was that of a medical practitioner, who, without doubt, contracted the Disease at Aller.

The children first affected in Aller were probably infected from Stoke St. Gregory.

The sufferers in the Somerton Sub-district may be divided into two classes (1) those who were probably infected directly or indirectly by persons outside your District, (2) those who contracted Diphtheria from others in the District known to have had the Disease in 1904.

In the first class are the Aller cases, the case at Knole (probably from the Yeovil Rural District), the Long Sutton case (infected by a man from Liverpool), and those in Compton Dundon (probably from the Bridgwater District).

The cases in Babcary were notified in February, March and April. In February five cases appeared in one house, three of the patients dying; the girl who first showed signs of the complaint undoubtedly contracted the Disease in one of the houses where Diphtheria was first found in 1904. Of the remaining 12 cases, four could be proved to have been in contact with the family in which three deaths had occurred, in two others contact was probable, but how the remaining six acquired the Disease I could not discover, possibly in school.

In Keinton Mandeville a child was seen by a medical man, for the first time, just before its death in February. The source of infection of this girl and of the three other children affected in Keinton in June, October, and December could not be definitely ascertained, but probably it was Babcary.

In March, three children at the Langport end of Somerton suffered, possibly due to contact with those who in the same part of the town had the Disease in 1904. There was no other case in Somerton until July when, in my opinion, the Disease was re-introduced by a child from Keinton Mandeville, a child removed without the consent of the medical adviser, who, in fact, did not know of the removal until some time later; the child attended the Montecliffe School. On the 17th of March, five children attending that school

were notified, and on the 18th three. On the 18th I examined the throats of all the children attending the school; a few were suspicious, but I believe only one of them afterwards developed definite symptoms. The school was at once closed, which action probably saved many children from an early attack.

I shall not attempt to describe the further spread of the Disease; in some cases the source of contagion was very obvious, in others less clear, as could be expected when the possible sources from which infection might be diffused became constantly more numerous.

In the Curry Rivel Sub-district the two Beercrocombe patients were brought to the District with the Disease in their systems. How the first child in Curry Rivel contracted it I was unable to find out, but this child certainly infected the other three in the village.

As a factor influencing the health of, and mortality in, the District I consider this epidemic to be the most important, and the most lamentable, incident of the year.

It is my duty to once more inform you that, in such a District as yours, an epidemic of Diphtheria is avoidable; it is impossible to prevent one, or more, cases being brought into the District, but it is quite possible by the isolation of those first discovered to prevent them spreading the Disease broadcast, and there is only one way in which this can be done.

Had my oft-repeated advice as to the provision of an Isolation Hospital been followed, there is no doubt that much preventable illness would not have occurred, and that many lives would have been spared.

Diphtheria, as it has existed in this District, may be fairly considered a "contagious disease," one requiring for its propagation the near proximity of an uninfected person to one having the germs in his or her throat.

Throats previously unhealthy, congested from any cause, are certainly more liable to infection than are those that be normal; in this way insanitary surroundings undoubtedly predispose those living in their midst to infection, but they cannot cause Diphtheria.

ENTERIC FEVER.—One case—non-fatal—was notified as occurring in the Curry Rivel Sub-district. There is no doubt the Disease was contracted in London.

Unlike Diphtheria this Disease becomes less prevalent as the sanitation of a District is improved, the reason being that the typhoid bacillus can thrive, and multiply, in sewage and polluted water. Even Enteric Fever, however, cannot arise of itself, the specific germ must be introduced into the sewage, or water, before such a medium can cause the Zymotic Disease.

EPIDEMIC INFLUENZA indirectly caused the death of two persons, one (age 68) in the Langport Sub-district, from acute

local Meningitis, the other (age 60), in the Curry Rivel Sub-district, from Broncho-pneumonia.

This affection is less common than it was a few years ago and rarely causes the death of any but people advanced in age.

PUERPERAL FEVER.—One case, originally attended by a mid-wife, was notified from Long Sutton; the woman recovered.

ERYSIPELAS.—Six cases were notified, one person suffering from Phlegmouous Erysipelas died. I doubt whether this case should be included among the Zymotic Diseases, the word "Erysipelas" being applicable primarily to Cutaneous Erysipelas.

PHTHISIS.—There were ten deaths from Tubercular Disease of the lungs, four in the Langport and three in each of the other Sub-districts.

The table below shows the number of deaths from Phthisis in 1905 and the four previous years :—

	1905.	1904.	1903.	1902.	1901.
Langport Sub-district ...	4	4	0	9	7
Somerton " " ...	3	6	7	5	5
Curry Rivel " " ...	3	3	2	3	1
Non-Residents ...	0	1	0	1	0
Whole District ...	10	14	9	18	13

The average number of deaths per annum :—

	For four years. 1901-1905.		For ten years. 1891-1900.	
Langport Sub-district	5.0	...	5.3
Somerton " "	5.75	...	6.0
Curry Rivel " "	2.25	...	5.3
Non-Residents	0.5	...	?
Whole District	13.5	...	16.6

These tables plainly show that the number of deaths in 1905 was not unduly large as compared with either the four or the ten year series, but at the same time they do not give evidence of that steady decrease in the number of deaths which would prove that the public had learned to treat Phthisis as an infectious disease, and to take the necessary precautions to prevent it spreading. It is true that some of the owners of house property now recognise the danger of the bacillus of tuberculosis lurking about the rooms recently occupied by a deceased phthisical person. In the past year I was requested to have one such a place disinfected. This is a good sign from which I derive the hope that before long all owners will become equally wise; then in time, but I fear not in my time, the occupants of cottages will follow the advice given them as to the destruction of sputum and the avoidance of contact, and will begin to believe the truth, so often stated in the Press, and repeatedly dinned into their ears by medical men, that the disease is due to a germ which will not flourish in a dustless room where clean fresh air can freely circulate.

If all the medical men practising in the District were to inform me immediately of the death of a person who suffered from Phthisis it might be possible to disinfect many of the houses, and to hasten the time when this Disease will be treated with the respect due to it; when it will no longer be regarded as a token of "God's Will" but as a proof of "Man's Neglect," should two or three members of a family die from Tuberculosis.

OTHER TUBERCULAR DISEASES caused two deaths, one person dying, when 60 years of age, from Meningitis; and one aged 43 from Tuberculosis of the Urinary Bladder. In 1904 Tuberculosis affecting persons in parts of the body other than the lungs caused eight deaths.

CANCER.—There were twelve deaths in 1905, six in the Somerton and three in each of the other Sub-districts. The Disease appeared in the stomach in three persons; in two cases the liver was the original site of the tumour; the new growth affected the lower part of the alimentary canal of two of the sufferers; and the gullet of one. Two women died from uterine cancer; malignant disease of the breast killed one.

TABLE A.

	Number of Deaths in each Period of Five Years.				Average Number of Deaths Annually in each Period.			
	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District
1870-1874	5	...	18	...	9	...	32	1.0 ... 3.6 ... 1.8 ... 6.4
1875-1879	4	...	18	...	10	...	32	.8 ... 3.6 ... 2.0 ... 6.4
1880-1884	8	...	18	...	13	...	39	1.6 ... 3.6 ... 2.6 ... 7.8
1885-1889	12	...	19	...	11	...	42	2.4 ... 3.8 ... 2.2 ... 8.4
1890-1894	11	...	31	...	9	...	51	2.2 ... 6.2 ... 1.8 ... 10.2
1895-1899	8	...	32	...	14	...	54	1.6 ... 6.4 ... 2.8 ... 10.8
	48	136	66	250				

THE DEATHS CAUSED BY CANCER SINCE 1900.

TABLE B.

LANGPORT RURAL DISTRICT.								COUNTY OF SOMERSET.		
	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District		Rural Districts	Urban Districts	Whole County		
1900	...	3	...	12	...	3	...	18	143*	...
1901	...	2	...	13	...	3	...	18	191	...
1902	...	3	...	7	...	4	...	14	202	...
1903	...	4	...	15	...	1	...	20	216	...
1904	...	3	...	11	...	3	...	17	224	...
Aver'ge for five years	3.0	...	11.6	...	2.8	...	17.4	195.2	113.6	303.8
1905	...	3	...	6	...	3	...	12	...	...

THE DEATHS FROM CANCER PER 100 TOTAL DEATHS.

TABLE C.

LANGPORT RURAL DISTRICT.						COUNTY OF SOMERSET.		
	Langport Sub-district	Somerton Sub-district	Curry Rivel Sub-district	Whole District		Rural Districts	Urban Districts	Whole County
1900	... 6.8	... 10.62	... 5.17	... 8.37		3.92*	... 4.12	... 4.0*
1901	... 5.65	... 13.13	... 5.17	... 8.69		5.78	... 5.62	... 5.71
1902	... 3.77	... 7.36	... 7.54	... 6.93		6.28	... 4.95	... 5.78
1903	... 8.69	... 15.62	... 1.88	... 9.95		6.67	... 5.8	... 6.35
1904	... 6.0	... 8.59	... 5.55	... 7.32		6.54	... 6.81	... 6.66
Aver'ge for five years }	6.182	11.064	5.062	8.252		5.838	5.46	5.7
1905	... 5.77	... 5.128	... 6.0	... 5.479		...	...	...

*The returns from three of the Rural Districts were incomplete in 1900.

These tables are familiar to you (at least, I hope they are), so I need make no lengthy comments on them, but shall simply draw your attention to a few salient points worthy of your notice.

TABLE B.—The deaths in the Langport and Curry Rivel Sub-districts were in 1905 (as in 1904) three in each Sub-district. The deaths in the Somerton Sub-district were only six; in 1904 they were eleven. The deaths in the whole District were in 1905 only one more than those in the Somerton Sub-district alone in 1904. The total decrease is entirely due to the comparatively few deaths in the Somerton Sub-district, which had about its right proportion, when compared with the other Sub-districts. I hope this happy balance may be maintained, but, taking into account the statistics for the previous 35 years, I doubt whether it will.

The deaths in the County of Somerset during 1904 were more numerous in both Rural and Urban Districts than in any of the previous four years.

BRONCHITIS (Acute and Chronic Bronchitis and Broncho-Pneumonia).—Nineteen deaths occurred in 1905, one less than in 1904, the deaths being exactly equal to the average for the four years 1901-1904.

Three of the 19 deaths occurred in the Langport, ten in the Somerton, and six in the Curry Rivel Sub-district.

The Table below shows the number of deaths, in each age-period, for the past five years.

	1905.	1904.	1903.	1902.	1901.
Under 1 year ...	4	12	6	10	3
1 and under 5 years ...	4	0	0	4	1
5 " 15 " ...	0	0	0	0	1
15 " 25 " ...	0	0	0	0	0
25 " 65 " ...	1	2	0	1	2
65 years and upwards ...	10	6	12	9	7
	---	---	---	---	---
All ages ...	19	20	18	24	14

Acute Bronchitis and Broncho-Pneumonia are most common, and most fatal, among children. Chronic Bronchitis is a complaint of those advanced in life, and is frequently complicated with a feeble or degenerated heart; unless a case has been watched for some years, it is frequently difficult to say whether the Bronchitis was the cause of heart failure, or whether the primary cause of the Bronchitis was a feeble heart.

Those deaths occurring in the age period 25-65 in the Table are, as a rule, deaths that took place towards the end of that period.

PNEUMONIA.—Ten deaths were certified, two in the Langport, and four in each of the other Sub-districts.

The disease caused five deaths in 1904; nine in 1903; seven in 1902; and four in 1901.

Five of those who died in 1905 were under one year of age.

True Pneumonia is now generally believed to be due to a specific germ, one which is comparatively innocuous to infants. Probably some of the five cases should be classed as Broncho-pneumonia. It is frequently difficult, or even impossible, during life to discover whether a child be suffering from true Pneumonia or Broncho-pneumonia, when, as is often the case, a medical man is called to see the patient for the first time after a large part of a lung has become affected. Infants undoubtedly may suffer from true Pneumonia, but the attack is rarely fatal.

PLEURISY.—This disease did not cause a death. Since I have been your Medical Officer of Health only two persons have died from inflammation of the pleura, one in 1903 and one in 1901. Pleurisy is frequently concomitant with Pneumonia, and very often the precursor, perhaps I should say the first noticed symptom, of tubercular disease of the lung.

OTHER DISEASES OF THE RESPIRATORY ORGANS.
—A person, aged 86, was certified to have died from acute Congestion of the Lungs in the Curry Rivel Sub-district. In 1904 there was one death from Pulmonary Congestion. There were five deaths from Asthma in that year.

ALCOHOLISM.—Cirrhosis of the Liver caused three deaths

in the Somerton Sub-district. One of the deceased persons was a man, aged 55 years, the others women, aged 60 and 77 years.

VENEREAL DISEASE.—An illegitimate child, aged two months, died from Congenital Syphilis in the Langport Sub-district. Thus are the sins of the parents visited on the children.

PREMATURE BIRTH.—A child prematurely born in the Langport Sub-district died when four days old. A similar death occurred in the Curry Rivel Sub-district, the child living only three days.

DISEASES AND ACCIDENTS OF PARTURITION.—A death was due to Contracted Pelvis and Antepartum Hæmorrhage in the Somerton Sub-district.

HEART DISEASE.—Of the 39 deaths due to the various Diseases of the Heart, 21 occurred in the Somerton Sub-district. The other 18 were equally divided between the Langport and Curry Rivel Sub-districts.

ACCIDENTS.—Four deaths were caused by Accidents, all in the Somerton Sub-district. Two occurred in the Contractor's Hospital at Somerton; one man had his head crushed between buffers, the other had both legs very badly injured by the wheels of a truck. A child, aged three months, was accidentally overlaid in Somerton. In Long Sutton a man, aged 71, died from the effects produced by a fractured thigh.

SUICIDES.—Two men drowned themselves, one aged 66 at Barton St. David, the other aged 62 at Curry Rivel. A man, aged 39, cut his throat in Charlton Adam, and died in the Workhouse; another, aged 54, shot himself in the head at Aller.

OLD AGE.—There were 39 deaths due solely to Senile Debility; 13 occurred in the Langport, 19 in the Somerton, and seven in the Curry Rivel Sub-district. Twenty-six of the deceased aged persons were females. Ten of the men died in the Somerton and the other three in the Langport Sub-district.

The average age at death was probably considerably over 81 and a-half years (the returns do not give years and extra months, so I cannot calculate the average more accurately).

Three women were more than 90 years of age (93, 92 and 91); there was not a male nonagenarian, but two men reached the advanced age of 89.

The youngest persons included in this group are a man of 68 years and a woman aged 69.

Five deaths in the Workhouse and one in the Small-pox Hospital were due to Old Age. These deaths have been included among those of the Sub-districts in which they previously resided.

CONVULSIONS caused by Dentition ended fatally in one case, the death occurring in the Curry Rivel Sub-district.

ALL OTHER CAUSES.—The deaths from all causes other than those specified in Table IV. were 31 in number. Of these, nine were due to Kidney Disease, 5 to diseases of the Alimentary Trait, 10 to various affections of the Nervous System. One of the others was certified by a Coroner to have been “found dead.”

HOUSE ACCOMMODATION.

This subject has been fully dealt with in previous Reports. I can, and need, add little to what has already been said. During the past year some few of the old delapidated and picturesque cottages have been destroyed; others have been left empty, apparently in the hope that wind and weather will do the work of destruction.

In various parts of the District new cottages have been erected. I am unable to report whether in these new buildings proper provision has been made for ventilation, heating, and air space as, wanting Bye-laws, I can do no more than see that the privy accommodation be satisfactory. I have noticed that all the new cottages appear to have windows that can be opened, and that many of them have grates in at least one bedroom.

Once more I urge you to frame Bye-laws that you may have control over all new buildings erected. The Bye-laws should not be too exacting as regards minor details, but in important matters the Council should make strict rules, and abide by them, allowing no plan to pass which did not come up to the standard in such matters as air-space, ventilation, heating, protection from damp, and those necessary precautions to ensure the stability of the house, and its various parts, on which I am unable to give advice.

The overcrowding in the villages near the new line of railway has now practically ceased to exist. The District has almost returned to its natural condition.

The disgraceful condition existing in some of the houses in the low-lying part of Langport is unaltered. Some of the houses in Somerton are almost if not equally unsatisfactory.

THE DISPOSAL OF SEWAGE.

The Sewage of the greater part of Somerton is removed by water-carriage. The system adopted has proved to be satisfactory on the whole, but more careful attention to details at the Sewage Farm would probably mitigate the nuisance sometimes caused by odours arising from that place.

Up to the present time I believe nothing has been done to improve the sewerage of Langport. It is true that since the town has

been supplied with water from Compton Durville the drains and sewers have been more thoroughly flushed, and, as a consequence, offensive accumulations of filth are less often seen in the ditches, and the odours therefrom not so frequently noticeable, but, so far as I am aware, no steps towards the improvement of the system of sewerage have yet been taken.

This delay is deplorable; soon the summer will be with us, bringing with it the well-known stinks, less potent perhaps than in former years, but none the less undesirable.

I do not know the cause of the delay. Whether the Local Government Board is considering the proposed improvement, whether the District Council has decided to discuss the matter at a future meeting, or whether the Parish Council is awaiting further pressure from above is, from my point of view, immaterial. All that I know is that a scheme to improve the sewerage of Langport, where improvement is very necessary, has been referred by one authority to another so often that I have been unable to follow the flight of the shuttlecock, and cannot say who must next send it on its way.

If it be impossible to proceed with the proposed scheme at once, there is no reason why the ditches should not without delay be cleansed of all the rubbish lying in their beds; tin cans, broken crockery, and similar articles impede the flow of water in that part of the ditches which most needs thorough flushing.

The villages are in much the same condition as in former years. Earth closets have been provided for some of the new cottages, and I know of a few cases where this system has been adopted in place of the old cess-pit or of a convenient ditch or stream.

When proper water-carriage is impossible, the earth closet should always take its place. The defilement of ditches and streams is avoided, and all risk of water pollution escaped; but it is little use to point out the value of the manure obtainable, and the certainty of pure water to most occupiers of cottages; prejudice stands in the way. Prejudice is a stiff fence which cannot be broken, and spurs in the shape of Bye-laws, are necessary if the obstacle is to be surmounted.

I have not visited all the Schools, but no improvement was found in any of those examined during the past year. The Education Committee of the County Council should make earth closets compulsory in those schools where efficient water-carriage of sewage be impossible. The cess-pits, often unventilated and rarely emptied, so common in this District, are most prejudicial to health, whilst the heaping of excrement in ditches is most offensive, if less dangerous than the deposition of such matter in places where the gases evolved can find but one outlet.

WATER SUPPLY.

The supply to Somerton and Kingsdon from Lytes Cary is still good, and has not shown any sign of failure.

The Barrington springs produce good water, but the supply is not always ample. On the 28th of November it was reported that those springs gave less than 4,000 gallons per diem.

The supply from Compton Durville, distributed to Langport, Kingsbury, and the Lambrooks, is plentiful. For several months the water could not be used, unboiled, for dietetic purposes in Langport, as it had a tarry taste. I have been informed that this was not noticed in Kingsbury. The water is now tasteless, but very frequently holds in suspension a large amount of fine sand. The water should never be stagnant in the main pipes; it should be allowed to escape constantly in a small stream where the pipes are at their lowest level. At least once a week the water should be cut off during the night, for a few hours, and the pipes then thoroughly flushed. The condition of the water obtainable would certainly be improved were my advice followed, but I doubt whether that from Compton Durville would even then be entirely free from sand.

The villages generally obtain water from shallow wells which are rarely properly protected from surface pollution. I much regret that Muchelney is not supplied from Compton Durville, as I know that most of the wells in the village are polluted. The pipes run through the place, but it appears that the principal landowner—or his agent—thinks that contaminated water is good enough for the tenants.

Since my last report was written nothing has been done to improve the water supply to Wagg Drove. Good water can be obtained from the spring in the ditch in dry weather, if the source has not recently been contaminated by some beast, but all the members of the Committee that inspected the place in 1904, know the water cannot always be good, obtained as it is at present.

It is absolutely necessary that a well be sunk near the spring and properly protected from surface pollution, if that part of your District must still be supplied from the same source.

The cost would be little, the benefit would be great. It is to be hoped that you will attend to this matter. I can assure you I am tired of reporting on it.

THE DAIRIES.

Two Dairies were registered in 1905; eight are now on the register.

In most of the Dairies there is much that is objectionable. The cows are generally filthy, little, if any, precaution is taken by

those who obtain the milk to prevent its contamination. The utensils must of necessity be kept at least moderately clean ; rarely is thought given to, or care exercised in, maintaining that scrupulous cleanliness so essential in the collection and distribution of milk, if that fluid is to be supplied in a pure and uncontaminated condition.

One Dairy in the District supplies milk to the Welford Dairy Company. That Dairy, when I first visited it, was in much the same state as others in the District ; it is now very different ; the Welford Company will not receive milk from a Dairy unless it be certified in every way satisfactory.

Bye-laws should give me similar control over every Dairy. The matter is very important, affecting as it does the welfare of many infants and invalids.

THE SLAUGHTER-HOUSES.

The conditions existing in these places are unsatisfactory ; until Bye-laws are in force it will be impossible to reduce to the minimum the nuisance such places must always cause.

Every Slaughter-house visited was found to be defective in one way or another. In some cases they might become dangerous to the public health, in others they are simply a nuisance. Many are in most unsuitable positions, close to dwelling-houses, or abutting on a public road. The three Slaughter-houses in Langport are perhaps the most objectionable. The District Council should build a large Slaughter-house outside the town and let it to the three butchers. If the rent were insufficient to cover the expenses I am sure the rate-payers would not object to pay a little more to be rid of these almost intolerable nuisances.

ISOLATION AND DISINFECTION.

The outbreak of Small-pox was regrettable, but not an unmitigated evil, since it made necessary the provision of proper apparatus for disinfection.

The steam-disinfector and the formaldehyde distributors will be of use for many years.

There are cottages in the District that cannot be thoroughly fumigated ; in these all that can be done is to wash the rooms with a strong solution of carbolic acid, or some other antiseptic, and then have them well lime-washed.

Disinfection cannot be carried out until the patient has recovered—or been buried—in the meantime the Disease may, and usually does, affect others in the house.

In most cases isolation in a cottage is absolutely impossible ; even when it might be possible the instructions given are frequently disregarded.

An Isolation Hospital is necessary, and must be provided, sooner or later. Why should you wait until it be forced upon you ? If you do not provide one of your own accord, you may be sure that, when you are obliged to build, it will be a very expensive structure that you will have to erect.

Some Councillors have spoken of the difficulty, or the impossibility, of forcing patients into an Isolation Hospital. I tell them as I have told them before that they know nothing about the subject. In the first place in ninety-nine cases out of a hundred it would not be necessary to use force of any kind when removal were considered advisable. In the second place when isolation at home were impossible, objections raised and force needed ; it would always be easy to find an enlightened magistrate who would give the necessary order. I write with knowledge, acquired by questioning many mothers, and with experience obtained during the outbreak of Small-pox.

THE FACTORIES AND WORKSHOPS.

There are five places which can be classed as Factories, in all of them sufficient provision has been made for the escape of the workers should fire break out on the premises.

The Workshops are satisfactory on the whole. I have found minor defects in some of them, but the owners have readily expressed their willingness to remedy the defects ; in no case has it been necessary to make a formal order. I found no overcrowding in a Workshop ; what had to be complained of was either unsatisfactory ventilation or lack of cleanliness. I did not discover a Workshop that showed signs of habitual neglect, but some of them were swept only once in two or three days when they should have been cleaned every day.

The Bakehouses are certainly in a better condition. The ventilation is not always perfect but, as a rule, is improved.

THE OUTWORKERS.—It is undoubtedly a fact that Section 107 of the Factory Act 1901, has not been properly enforced in this

county. The returns received from manufacturers, and adjacent District Councils, were only four in 1905. The number of Out-workers is probably about 250.

BYE-LAWS.

The need of these has been mentioned before. Dairies, Slaughter-houses, and the disposal of manure and rubbish should be under your control. No house should be built in the District until you had been convinced that the architect's plans were satisfactory.

A Bye-laws committee has, I believe, been elected. It should begin its work.

I am, Gentlemen,

Your obedient Servant,

A. R. NICHOLLS.



INSPECTOR OF NUISANCES' REPORT.

SOMERTON, SOMERSET, 31st December, 1905.

To A. R. Nicholls, Esq., M.O.H.

DEAR SIR,—Appended is a summary of the work done by me for the year ending 31st December, 1905, as Inspector of Nuisances for the Langport Union Rural District.

Number of premises inspected	...	...	...	...	...	253
„ re-inspections...	...	...	...	...	...	142
„ nuisances abated	...	...	...	...	...	36
„ cess-pits cleansed or repaired	...	...	...	...	...	14
„ ditches or water-courses cleansed	...	...	...	...	...	4
„ drains cleansed or repaired	...	...	...	...	...	7
„ houses disinfected	...	...	...	...	...	30
„ slaughter-houses inspected	...	...	...	...	...	19

I am, dear sir,

Yours obediently,

JOHN WYATT, Junr.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1905 AND PREVIOUS YEARS.

Name of District—LANGPORT RURAL DISTRICT.

YEAR.	Population estimated to Middle of each Year.	Births.		TOTAL DEATHS REGISTERED IN THE DISTRICT.					Total Deaths in Public Insti- tutions in the District.	Deaths of Non- residents in Public Insti- tutions in the District.	Net Deaths at all Ages belonging to the District.	
		Number.	Rate*	Under 1 Year of Age.		At all Ages.					Number.	Rate*
				Rate per 1,000 Births registered.	Number.	Rate*	Number.	Rate*				
1	2	3	4	5	6	7	8	9	10	11	12	
1895	14,089	372	26.4	37	99.46	207	14.49	6	...	...	...
1896	14,023	356	25.38	43	120.78	237	16.9	9	...	...	...
1897	13,911	347	24.94	30	88.24	218	15.67	5	...	...	...
1898	13,809	338	24.54	29	85.8	208	15.61	12	...	...	...
1899	13,709	319	23.27	51	159.87	250	18.23	6	...	...	...
1900	13,548	343	25.31	31	90.36	215	15.89	12	...	...	...
1901	13,413	336	25.5	24	71.42	207	15.43	10	...	...	...
1902	13,324	305	22.5	29	95.08	202	15.16	9	1	201	15.08	

1903	13,536	349	25.78	38	108.38	201	14.84	5	0	201	14.84
1904	13,774	332	24.13	30	90.36	233	16.89	12	1	232	16.84
Averages for years 1895-1904.	13713.6	339.7	24.77	100.97	217.8	217.8	15.92	8.6	?	?	?
1905	13,925	349	25.06	29	83.09	220	15.79	20	1	219	15.72

*Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres
(exclusive of area
covered by water).

59,410.

Total population at all ages, 13,446.

Number of inhabited houses, 3,224.

Average number of persons per house, 4.16.

At Census of
1901.

TABLE II.

VITAL STATISTICS OF SEPARATE LOCALITIES IN 1905 AND PREVIOUS YEARS.

Name of District—LANGPORT RURAL DISTRICT.

NAME OF LOCALITIES.	1.				2.				3.			
	Langport Registration Sub-district.				Somerton Registration Sub-district.				Curry Rivel Registration Sub-district.			
YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
1895	3205	129	72	15	6800	120	79	13	4084	123	56	9
1896	3199	123	80	9	6754	118	85	16	4070	115	72	17
1897	3178	96	55	8	6700	161	107	15	4033	90	56	7
1898	3156	64	44	8	6667	180	123	18	3986	94	41	3
1899	3112	69	55	13	6638	156	112	20	3959	94	83	8
1900	3063	68	44	7	6596	172	113	11	3839	103	58	13

1901	...	...	3010	67	50	8	6563	169	99	9	3840	100	58	6
1902	...	...	2968	73	53	5	6543	144	95	19	3813	88	53	5
1903	...	...	?	62	46	10	?	196	96	15	?	91	59	13
1904	...	...	?	83	50	5	?	164	129	19	?	85	53	6
Averages of years 1895 to 1904. }			?	83.4	54.9	8.8	?	158	103.8	15.5	?	78.3	5.89	8.7
1905	...	...	?	67	52	8	?	199	117	12	?	83	50	9

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district; and blocks 2, 3, etc., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-column *e* of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns *a*, *b*, and *c* should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.; the gross total of the sub-columns *e* should agree with the total of column 2 in Table IV., and the gross total of sub-columns *d* with the total of column 3 in Table IV.

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1905.

Name of District—LANGPORT RURAL DISTRICT.

Notifiable Disease.	Cases Notified in whole District.							Langport Sub-District.	Somerton Sub-district.	Curry River Sub-district.
	At all Ages.	At Ages+—Years.								
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards			
Small-pox ...	62	...	...	6	13	32	11	2	60	...
Cholera... ..	...	...	...	...	...	...	...	...	...	...
Diphtheria ...	81	4	22	35	11	9	...	1	74	6
M'mbr'n's Croup ...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	6	...	...	...	...	5	1	1	4	1
Scarlet Fever ...	39	...	3	26	7	3	...	17	5	17
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	1	...	...	...	1	...	...	...	...	1
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	1	...	...	...	...	1	...	...	1	...
Plague... ..	...	...	...	...	...	...	...	...	...	...
* ...										
Totals ...	190	4	25	67	32	50	12	21	144	25

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospital.—No permanent Hospital.

TABLE IV.
CAUSES OF, AND AGES AT, DEATH DURING YEAR 1905.
Name of District.—LANGPORT RURAL DISTRICT.

CAUSES OF DEATH.										Deaths at all ages of "Residents" whether occurring in or beyond the District.				Deaths at all ages of "Residents" belonging to Localities whether occurring in or beyond the District.				Total Deaths whether of Residents or non-Residents in Public Institutions in the district. 12
										Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.				Deaths at all ages of "Residents" belonging to Localities whether occurring in or beyond the District.				
										All ages. 2	Under 1 year. 3	1 and under 5. 4	5 and under 15. 5	15 and under 25. 6	25 and under 65. 7	65 and upwards. 8	Langport sub-District. 9		Somerton sub-District. 10	Curry River sub-District. 11
1																		
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Measles	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and membranous croup	...	1	1	9	...	...	...	...	...	...	...	...	...	...
Croup	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other continued	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea (See notes.)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis (See notes.)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever (See notes.)	...	2	...	...	...	...	...	...	...	...	...	...	...	...
				

TABLE V. LANGPORT RURAL DISTRICT.
INFANTILE MORTALITY DURING THE YEAR 1905.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSES OF DEATH.																												
All Causes.	Certified ... Uncertified	Under 1 Week.			1-2 Weeks.		3-4 Weeks.		Total under 1 Month.	1-2 Months.				2-3 Months.		3-4 Months.		4-5 Months.		5-6 Months.		7-8 Months.		8-9 Months.		9-10 Months.		Totals Death under One Year.
		6	2	1	2	1	9	5		4	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	29
Common Infectious Diseases. Diarrhoea Diseases. Wasting Diseases.	} Diphtheria: Croup	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
		} Whooping Cough...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
			} Enteritis (not Tuberculous)
	} Gastritis, Gastro-intestinal Catarrh	...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
		} Premature Birth ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
	} Congenital Defects		1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
		} Atrophy, Debility, Marasmus	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
	} Syphilis ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
		} Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
	} Pneumonia...		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
		} Suffocation, overlaying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
	} Other Causes		1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
		6	2	1	9	5	4	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29		

Population (estimated to middle of 1905), 13,925.

Deaths from all Causes at all Ages:--220 (including one Non-resident).

NOTES.—(a) In this Table all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of this Table.

- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of this Table. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of this Table should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of this Table should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhoea" are to be included deaths certified as from diarrhoea, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis:

Zymotic enteritis;

Epidemic diarrhoea. Summer diarrhoea;

Dysentery and dysenteric diarrhoea;

Choleraic diarrhoea, cholera, cholera nostras

(in the absence of Asiatic cholera).

Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Muco-enteritis, and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term "Diarrhoea." Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.

Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES & HOMEWORK

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries.)	5	0	0
Workshops (Including Workshop Laundries.)	36	0	0
Workplaces	3	0	0
Homeworkers' Premises ...	25	0	0
Total	69	0	0

2—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied	Referred to H. M. Inspector.	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness... ..	4	4	...	0
Want of ventilation... ..	3	2	...	0
Overcrowding ... ..	...	...	...	0
Want of drainage of floors... ..	...	...	...	0
Other nuisances ... ..	...	...	...	0
†Sanitary accommodation	No			
} insufficient				
} unsuitable				
} not separate for sexes				
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bake-house (S. 101) ... ..	...	...	...	0
Breach of special sanitary requirements for bakehouses (SS. 97. to 100) ... ..	...	...	...	0
Failure as regards lists of outworkers (S. 107) ... ..	?	...	...	...
Giving out work to be done in premises	...	...	...	0
} unwholesome (S.108)				
which are	...	...	...	0
} infected (S. 110)				
Allowing wearing apparel to be made in premises infected by scarlet fever or small-pox (S. 109) ... ..	...	...	...	0
Other offences ... ..	...	...	...	0
Total	7	6	0	0

* Including those specified in Sections 2, 3, 7 and 8, of the Factory Act as remediable under the Public Health Acts.

† For districts not in London, state here whether Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the District Council; and if so what standard of sufficiency and suitability of sanitary accommodation for persons employed in factories and workshops has been enforced.

3.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory Act (S. 5) {	0
Notified by H.M. Inspectors	
Reports (of action taken) sent to H.M. Inspectors	0
Other	0
Underground Bakehouses (S. 101) :—	
Certificates granted during the year	0
In use at the end of the year	0
Homework :—	
<i>Lists of Outworkers*</i> (S. 107) :—	Number of
	Lists. Outworkers
Lists received	6 250
Addresses of outworkers { forwarded to other Authorities	... ..
{ received from other Authorities	1 2
<i>Homework in unwholesome or infected premises :—</i>	
Notices prohibiting homework in unwholesome premises (S. 108)	Wearing Apparel.
Cases of infectious disease notified in homeworkers' premises	Other.
Orders prohibiting homework in infected premises (S. 110)	... ..
	? Only verbal.
Workshops on the Register (S. 131) at the end of the year.	
Bakehouses	24
Tailors, Dressmakers, etc.	10
Others	6
Total number of workshops on Register	40

* The Lists should be received twice in the year. The year's figures required in the Table are those obtained by adding together the two half-yearly totals.

NOTE.—The Factory and Workshop Act, 1901 (S. 132), requires the Medical Officer of Health in his Annual Report to the District Council to report specifically on the administration of that Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State (Home Office). If the Annual Report is presented otherwise than in print, it is unnecessary to include in the copy sent to the Home Office the portions which do not relate to factories, workshops, laundries, workplaces or homework. The duties of Local Authorities and the Medical Officer of Health under the Act of 1901 are detailed in the Home Office Memorandum of December, 1904.